

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

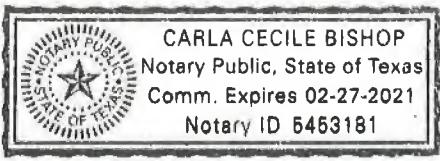
FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Fliers)	2 Total pages filed: <b>8</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Diana</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>Leggett</i>	SUFFIX	Date Received <b>RECEIVED</b> APR 1 2019 BY: <i>lisa hafer</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1019 Aileen St. Denton TX 76201</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(940)</i>	PHONE NUMBER <i>453-4936</i>	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Lisa</i>	MI	Receipt #	Amount \$	
	NICKNAME	LAST <i>Hafer</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2612 Stillwater Ct Flower Mound TX 75022</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(912)</i>	PHONE NUMBER <i>393-6923</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>01</i>	Day <i>25</i>	Year <i>2019</i>	Month <i>03</i>	Day <i>25</i>	Year <i>2019</i>
11 ELECTION	Month <i>5</i>	Day <i>4</i>	Year <i>2019</i>	ELECTION DATE      ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Denton City Council District 3</i>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Diana Leggett			15 Filer ID (Ethics Commission Filers)																			
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE</td> <td colspan="3">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="3"></td> </tr> <tr> <td colspan="3">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="4">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p><input type="checkbox"/> Additional Pages</p>				COMMITTEE TYPE	COMMITTEE NAME			<input type="checkbox"/> GENERAL				<input type="checkbox"/> SPECIFIC				COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS			
COMMITTEE TYPE	COMMITTEE NAME																						
	<input type="checkbox"/> GENERAL																						
	<input type="checkbox"/> SPECIFIC																						
	COMMITTEE CAMPAIGN TREASURER NAME																						
COMMITTEE CAMPAIGN TREASURER ADDRESS																							
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$ 335.00																			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 4041.71																			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ 285.15																			
	4. TOTAL POLITICAL EXPENDITURES			\$ 1500.36																			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$ 4041.71																			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0																			
18 AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p></p> <p> Signature of Candidate or Officeholder</p>																						
AFFIX NOTARY STAMP / SEAL ABOVE																							
<p>Sworn to and subscribed before me, by the said <u>Diana Leggett</u>, this the <u>4th</u> day of <u>April</u>, 2019, to certify which, witness my hand and seal of office.</p> <p><u>Carla Bishop</u> Signature of officer administering oath</p> <p><u>Cecile Bishop</u> Printed name of officer administering oath</p> <p><u>Notary Public</u> Title of officer administering oath</p>																							

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	Diana Leggett	
<b>20</b> Filer ID (Ethics Commission Filers)		
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4041.71
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1500.36
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>Diana Leggett</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/16/19</u>	5 Full name of contributor <u>Jane Cindric</u> 6 Contributor address; <u>9813 Edmondson Dr. Denton TX 76207</u>	7 Amount of contribution (\$) <u>\$100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <u>Retired</u>
Date <u>3/11/19</u>	Full name of contributor <u>Margo Ways</u> Contributor address; <u>8408 Sterling Dr. Denton TX 76207</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>
Date <u>3/25/19</u>	Full name of contributor <u>Richard Gladden</u> Contributor address; <u>1200 W. University #100 Denton TX 76201</u>	Amount of contribution (\$) <u>\$600.00</u>
Principal occupation / Job title (See Instructions) <u>Sandra Swan</u>		Employer (See Instructions) <u>Self</u>
Date <u>1/31/19</u>	Full name of contributor <u>Sandra Swan</u> Contributor address; <u>1413 Cambridge Ln. Denton TX 76209</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>Retired</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Diana Leggett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-4-19</i>	5 Full name of contributor <i>Rahna Raney</i> 6 Contributor address; <i>2316 Houston Place Denton TX 76201</i>	□ out-of-state PAC (ID#: 7 Amount of contribution (\$) <i>\$ 100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Real estate</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>3-6-19</i>	Full name of contributor <i>Royann Cox</i> Contributor address; <i>1902 Williamsburg Row Denton TX 76209</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>Administrative</i>		Employer (See Instructions) <i>UNT</i>
Date <i>3-1-19</i>	Full name of contributor <i>James Michael Owen</i> Contributor address; <i>2001 Teasley Ln #109 Denton TX 76205</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>Bus Operator</i>		Employer (See Instructions) <i>TMDC</i>
Date <i>3-25-19</i>	Full name of contributor <i>Edward M. Moreno</i> Contributor address; <i>2881 Spencer Rd #18108 Denton TX 76208</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$ 200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>DCTA</i>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Diana Leggett</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-17-19</b>	5 Full name of contributor <b>John Delaney</b> 6 Contributor address; <b>309 Amarillo St Denton TX 76201</b>	□ out-of-state PAC (ID#: 7 Amount of contribution (\$) <b>\$1000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Restaurant</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>3-7-19</b>	Full name of contributor <b>Sandra Swan</b> Contributor address; <b>1413 Cambridge Ln. Denton TX 76209</b>	□ out-of-state PAC (ID#: Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Retired</b>
Date <b>2-4-19</b>	Full name of contributor <b>Committee to elect Diana Leggett county judge</b> Contributor address; <b>1019 Aileen St Denton TX 76201</b>	□ out-of-state PAC (ID#: Amount of contribution (\$) <b>\$1206.71</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address;	□ out-of-state PAC (ID#: Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Diana Leggett	

4 Date	5 Payee name
3-15-19	Vista Print

6 Amount (\$)	7 Payee address; City; State; Zip Code
\$184.55	95 Hayden Ave Lexington MA 02421

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
3-22-19	Vista Print

Amount (\$)	Payee address; City; State; Zip Code
\$191.54	95 Hayden Ave Lexington MA 02421

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
2-5-19	Texas Democratic Party

Amount (\$)	Payee address; City; State; Zip Code
\$190.00	1106 Lavaca St #100 Austin TX 78701

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Solicitation / fundraising	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
2-6-19	Kitchen Table Consulting	\$226.13	
7 Payee address; City; State; Zip Code	125 Marseille Dr Hurst TX 76054		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-14-19	Vista Print		
Amount (\$)	Payee address; City; State; Zip Code		
\$131.84	95 Hayden Ave Lexington MA 02421		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			